

CENTRON SECURITY SERVICES

Daily Security Report

2036 Client	Name					1002 Daweys 17 Other 3 Keys, LoyBack + 19			J- 3/1/87					
Facility Detex Clock Weapon No.	Holster	Nightstick	Raiscoat	Flashlight		Other 3 Keys. L	OFRONKY	phi	ne					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift	n		Officer—Swing Shift (Dealing			Grave Shift (No	ame)	kos	zk		
Ohaanada aa	Began	8 AMPM Ended	Y AM EN	Began	· · · ·	4 AMPL Enged			12	AM}PM	Ended	8	(AM)PM	
Observations or actions taken Rounds or stations missed	Yes No.	Explana	tion .	Yes	No	Explanation	<u> </u>	Yes	No		Explanation			
			·			· · · · · · · · · · · · · · · · · · ·			4					
Unlocked doors, gates or windows	N	•		-					4			•		
Unlocked vaults or safes	1			1			· · · · · · · · · · · · · · · · · · ·			11				
Fire-smoke-or hazards	11								4					
Extinguishers missing or defective	1				/				4					
2. Sprinkler system defective					/		•		1					
3. Fire doors or exits blocked	ν				/				1					
4. Rubbish accumulation		•			/				4					
5. Motors running	V				ノ				4			·		
6. Lights left burning	V				4	15 requared			4	-1 GH	+5 c	66	At	
Injury hazards	V								6 5	145	AM			
Visitors	2	plue ba	el Mh	1					4		, 			
Trespassing	1/								4				· · · · · · · · · · · · · · · · · · ·	
Violation of company rules	V							,	4					
Remarks						,			•					
									· · · · · · · · · · · · · · · · · · ·					
			L -										4.9	
IMPORTANT: If you were ill or injured p			orm and call your s											
1. Were you injured during this tour?	·	Day Shift 1. Yes Yes Yes	No Yes	No	3. Swing Shi Yes	No Yes No	2 Yes No	3. Gra Yes	ve Shift No	1. Yes	No.	Yes	No 3.	
2. Did you suffer any illness?		Yes Yes	No Yes	No	Yes (No: Yes No	Yes No	Ye	s No	Yes	No	Yes	No	
3. Have you reported all accidents coming to	o your attention?	No Yes	No yes	No	Yes	No Yes No	Yes No	Ye		Yes	No	Yes	No	
	Signatures	Day Shift	DelVeur	5	Swing Sh	Lat Deal	() () () () () () () () () ()	1.	Tve Shift	k)	Toke	201	<u>ki</u>	
	Signatures				2			2.			-	0		
Signatures 3.					3	3				3. 439076				
<u></u>			 								118 1896 88 111 /88 .		- !	

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.



Signed- Robert Dealing

CENTRON SECURITY SERVICES, INC.

Date of Report 4/1/82

time of Report Client; O.H. meTals Address: OS wego ST. Location of Incident -Incident Date occurred Time occurred AM PM 2220 Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, *HOM333 Called UTICA Fire DEPartment, Reported 05 wego 51 2235. Can Back on road

Rank Security OFFice Page) of /